King County	Department of Adult and Juvenile Detention All Divisions General Policy Manual	
	Chapter 3 **Safety and Emergency Procedures**	
3.01.001, Exposure Control Plan for Bloodborne Pathogens	Approved By:	Director Allen Nance
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	Reviewed By:	PRC, JHS Infectious Disease Specialist, Employee Health
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Purpose

In accordance with the Washington State Department of Labor & Industry (L&I) Division of Occupational Safety and Health (DOSH) bloodborne pathogens standards, and WAC 296-823, DAJD has developed the following exposure control plan to minimize employee occupational exposure to blood or other potentially infectious materials.

Policy

All employees who have a risk of occupational exposure to blood or other potentially infectious materials must follow the procedures in this plan.

References

DAJD:
- 4.01.021 - Evidence Collection and Storage
- 4.02.005 - Search of Residents
- 7.03.002 - Sanitation of Housing Units
- 7.03.007 - Razors, Nail and Hair Clippers
- J-ARVP-11.008 - Searches of Detained Youth
- J-IPOI-1.007 - Strip Search Operating Instructions
- J-LHP-12.002 - Personal Hygiene for Youth in Living Halls
- J-LHPR-12.003 - Unit House Keeping

DAJD Forms:
- F-748 Report of Blood and Body Fluid Exposure
- Actual Occupational Exposure Checklist
- Officer's Report
- DAJD Laundry Procedures

OSHA:
- 29.CFR.1910.1030 Occupational Exposure to Bloodborne Pathogens

RCW:
- 49.17 Washington Industrial Safety Act

WAC:
- 296-27, Recordkeeping and Reporting
- 296-823, Occupational Exposure to Bloodborne Pathogens

PHSKC:
- Exposure Control Plan, Revised June 2006

Definitions

Biohazard: Infectious agents or hazardous biological materials that present a risk or potential risk to the health of humans or the environment.

Bloodborne Pathogens (BBP): Pathogenic microorganisms in human blood or other potentially infectious materials that can cause disease in humans.

Blood-spill kit: A kit that provides for the safe and sanitary removal of blood and body fluids.

Hepatitis B Virus (HBV): A highly infectious virus that attacks the liver. It can lead to severe illness, liver damage, and sometimes death. HBV is transmitted by contaminated blood and sexual contact with an infected person. A vaccine is available to prevent HBV.

Human Immunodeficiency Virus (HIV): A virus which attacks the body's immune system and its ability to fight infection. HIV is primarily transmitted by contaminated blood and sexual contact with an infected person. Medication is available that prolongs life. Currently, there is no vaccine for HIV.

Occupational exposure: A non-intact skin, mucous membrane, eye, or parenteral contact with blood or other potentially infectious materials that may result from the performance of job duties. Saliva with no visible blood is not a substantial exposure.

Other Potentially Infectious Materials (OPIM): Certain human body fluids that may contain bloodborne pathogens, including blood, semen, vaginal fluids, body fluids that surround an organ or tissue, unattached human tissue, any body fluid that is visibly contaminated with blood, and all body fluids where it is difficult or impossible to differentiate between body fluids. The complete definition of "other potentially infectious materials" can be found in the L&I DOSH bloodborne pathogens standard.

Parenteral: Piercing of mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, or abrasions.

Personal Protective Equipment (PPE): Specialized clothing or equipment worn for protection against a hazard. General work clothing not intended to function as protection against a hazard is not considered to be personal protective equipment.

Sharps: Any object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, knives, razors, Taser probes and institutionally made weapons.

Standard Precautions: An approach to infection control that considers all blood and body fluids to be potentially infectious, which includes appropriate hand hygiene, use of PPE, respiratory hygiene, cleaning and disinfection, and safe injection practices and handling of Sharps.

Washington Industrial Safety & Health Act (WISHA): A Washington State act that took effect in 1973. It gives L&I the primary responsibility for worker health and safety.

A. General Guidelines

1. All DAJD employees who are at risk for occupational exposure to bloodborne pathogens are covered under the WISHA Bloodborne Pathogens standard, receive annual training, and shall be offered the Hepatitis B Virus (HBV) vaccination series.
2. All DAJD employees shall use Standard Precautions to eliminate or minimize contact with blood or other potentially infectious materials.
   a. Consider all blood and body fluids to be infectious.

b. Use Personal Protective Equipment (PPE) as a barrier between yourself and blood and body fluids.
c. Use the work practices listed in this policy.

3. DAJD will identify opportunities to improve work practices and equipment through safety committee activities.
4. This policy will be reviewed and updated at least annually and whenever necessary by the DAJD Employee Health Nurse.

B. Non-Substantial Exposure Incidents

1. Employees may be at risk for exposure to body fluids that do not transmit bloodborne pathogens. These fluids may include urine, feces, tears, nasal secretions, sweat, sputum or vomit and are not considered "other potentially infectious materials".
2. If an employee has an exposure incident to these body fluid(s), DAJD shall provide the employee with the option to follow Section C.2 and 3 of this policy.
3. If the employee chooses to be seen by a provider for a non-substantial (no visible blood) exposure the provider may still perform a blood draw and it is important to know that this is not indicative of a substantial (blood) exposure.

C. Substantial Exposure Incident

1. A substantial exposure incident occurs if an employee is exposed to another person's blood or Other Potentially Infectious Materials (OPIM) through the following routes:
   a. Onto a mucous membrane (eyes, nose, mouth).
   b. Into a body orifice.
   c. Through the skin (bite, abrasion, or needlestick).
   d. Onto non-intact skin (open wound, rash, acne).
2. Employees who experience a substantial exposure incident may be at risk for an infection to bloodborne pathogens and shall be directed to:
   a. Provide immediate care to the exposure site.
   b. Wash wounds with soap and water.
   c. Flush mucous membranes with water only.
   d. Place dressing over injury if needed.
   e. Report the incident to supervisor or designee immediately after administering first aid.
3. Supervisors or designee shall provide a Workplace Injury and Illness Packet and refer exposed staff to HMC/ER or a healthcare provider of their own choosing and provide transportation to their chosen doctor and also complete the Actual Occupational Exposure Checklist and Form F-748 Report of Blood and Body Fluid Exposure.
4. Staff who have become exposed to the resident's blood entering their body shall undergo baseline testing by a provider while employee health directs JHS to obtain consent for testing the resident's blood for blood borne pathogens. Employee Health will communicate with the staff throughout this process to include communicating the lab results that the staff will communicate to their provider. If resident blood results are unable to be determined, then the staff will need to continue to follow up with their provider until they are cleared.

D. Work Practice Controls

1. Hand Hygiene:
   a. DAJD will provide hand washing facilities for employees.
   b. Hand washing or decontamination of equipment in sinks used for food preparation is strictly prohibited.
   c. Employees must wash hands with soap and water when:
      1) Visibly soiled.
      2) Contaminated with blood or other body fluids.
      3) Prior to eating.
      4) After using the restroom.
   d. In the absence of hand washing facilities, an alcohol-based hand rub shall be provided by DAJD. Employees shall wash their hands with soap and water as soon as feasible when hand washing facilities become available.
2. Pat, Strip, Cell, or Property Searches:
   a. Uniformed staff shall use extreme caution when performing pat, strip, property, and cell searches to avoid being stuck by a sharp object.
   b. For more information on how to conduct searches, refer to Department policy, 4.02.004 - Search of Residents for the Adult Divisions and the applicable Juvenile Division policies referenced above.
3. Restriction in the Work Area:
   a. Do not eat, drink, or store food in work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials.
   b. Avoid touching the face and mucous membranes.
   c. Cover non-intact skin prior to starting work.

E. Handling of Contaminated Items

1. Biohazard Bags & Tags:
   a. Biohazard bags and tags shall indicate the presence of blood or other potentially infectious materials.
   b. Red or Yellow, plastic, leak-proof bags or red containers may be substituted for biohazard labels.
   c. Biohazard warning labels or tags are fluorescent, self-stick labels boldly printed with the biohazard symbol and the word, biohazard.

Biohazard Symbol

   d. Biohazard tags can be placed on any leak-proof bag or container used for the disposal of contaminated waste.
2. Contaminated Waste:
   a. Waste contaminated with blood or other potentially infectious materials shall be bagged and shall be brought to the loading dock for appropriate removal.
   b. Anything with blood or other potentially infectious materials on it that cannot contain or fully absorb the fluid must be double bagged to prevent leakage of potentially biohazardous waste.

3. Contaminated Equipment:
   All equipment shall be thoroughly cleaned with a DAJD-approved disinfectant after contact with blood or other potentially infectious materials.
4. Resident Biohazard Evidence:
   a. Resident/detained youth evidence will be retained and handled according to Department policy, 4.01.021 - Evidence Collection & Storage.
   b. If not needed for evidence, small, sharp, biohazard contraband such as syringes and tattoo needles may be placed in an approved sharps container.
   c. Other contaminated articles not needed for evidence will be bagged and tagged as a biohazard and taken to the loading dock for removal to a landfill.
5. Sharps:
   a. All contaminated sharps shall immediately be placed in the red, puncture resistant, appropriately labeled, leak-proof containers provided by DAJD or JHS. Always check container for sharps protruding out before using.
   b. Sharps containers are located in the booking area, triage rooms, clinics, infirmary and ITR examination rooms.
   c. When a sharps container is 2/3 full, it must be closed immediately and JHS shall be notified to dispose and exchange it for an empty sharps container.
   d. At the Adult Divisions the Maintenance and Supply Office (M&S) shall provide appropriate containers for razor disposal in areas throughout the facilities and empty them. This function is carried out by the supply office and the Juvenile Division Safety Officer at the Juvenile Divisions.
   e. For more information on resident/detained youth razor use, refer to Department policy 7.03.007 - Razors, Nail and Hair Clippers for the Adult Divisions and J-LHP-12.002.2017 - Personal Hygiene of Youth in Living Units for the Juvenile Division.
6. Resident/Detained Youth Laundry:
   a. Contaminated laundry shall be:
      1) Bagged and tagged as contaminated for laundry transport.
      2) Bagged at the site of contamination.
      3) Not rinsed or sorted beforehand.
      4) Handled as little as possible.
   b. Uniformed staff and resident workers must wear gloves and other appropriate PPE when working with jail laundry.
   c. Refer to Department Laundry Procedures for further information on laundry.
7. Staff Attire:
   a. Uniforms or other clothing that becomes contaminated with blood or body fluids should be removed as soon as possible and bagged and tagged for cleaning or discarding.
   b. At the Adult Division, bagged riot gear should be taken to the M&S Office for cleaning.
   c. Home laundering of contaminated clothing or uniforms is strictly prohibited.

F. Environmental Sanitation

1. Housekeeping:
   For a written schedule of cleaning and decontamination methods, refer to Department policy 7.03.002 - Sanitation of Housing Units for the Adult Division and J-LHPR-12.003-2019 - Unit House Keeping for the Juvenile Division.

2. Blood-spill Kits:
   a. All surfaces and equipment contamination with blood or other potentially infectious materials shall be cleaned and decontaminated as soon as feasible and/or after permission from the crime scene investigator, if applicable.
   b. Blood-spill kits will be utilized, according to the instructions included with the kit, to clean and decontaminate blood and other potentially infectious materials spills.
   c. At the Adult Divisions:
      1) Resident workers shall clean up small blood and body fluid spills with supervision from uniformed staff.
      2) At the discretion of the shift commander, larger blood and/or body fluid spills will be cleaned up by the contracted bio-hazard cleaning vendor.
   d. At the Juvenile Division:
      1) Small blood droplet spills will normally be cleaned up by detention staff. Youth in detention can be instructed to clean-up their own small bodily fluid spills and provided appropriate PPE if needed, but youth will *not* be instructed to clean-up bodily fluid spills of other youth.
      2) Large blood droplet and/or bodily fluid spills (e.g., urine, feces, vomit) will be cleaned up by FMD Customer Care or the contracted cleaning vendor.
   e. Any person cleaning up blood or other potentially infectious materials spills shall be issued the appropriate PPE, which is contained in the blood-spill kit.
   f. Disposable paper towels may be used to absorb blood and body fluids if the size of the blood-spill is too large for the blood spill-kit.
   g. A DAJD-supplied disinfectant may be used to decontaminate blood or other potentially infectious materials when the blood-spill kits are not adequate for the size of the spill. Only use disinfectant with a closed lid that is not expired.

G. Personal Protective Equipment (PPE)

1. DAJD shall provide PPE such as, but not limited to gloves, gowns, masks, eye protection, and protective sleeve covers, for use when exposure to blood or any body fluids is present or reasonably anticipated.
2. PPE is located throughout the facilities and in DAJD-assigned county vehicles.
   a. At the Adult Divisions the M&S staff will perform monthly checks of protective equipment and supplies, document these equipment reviews, and restock or repair as necessary. This function is carried out by the Juvenile Division Safety Officer and the supply office at the Juvenile Division.
   b. Interim restocks, replacement, repairs, and biohazard cleaning will be initiated when staff contacts M&S.
3. Nitrile Gloves:
   a. DAJD shall provide disposable nitrile gloves in the correct size for all DAJD employees with potential for occupational exposure to blood and other potentially infectious materials.
   b. Gloves should be worn by staff when there is a reasonable anticipation of exposure to blood, any body fluids, non-intact skin, and mucous membranes.
   c. Officers are required to have disposable nitrile gloves on their person at all times during their duty hours.

d. Nitrile gloves should not be worn for extended periods of time. Staff shall wear gloves for one specific task and then discard them.
e. Gloves should be replaced as soon as feasible when contaminated, torn, punctured, or when their ability to function as a barrier is compromised.
f. Gloves should be pulled off inside out to prevent any contaminated fluid from having contact with the skin.
g. Employees shall perform hand hygiene after glove removal.
h. Hypoallergenic gloves or an alternative shall be made available to employees who are sensitive or allergic to the gloves normally provided.
i. Staff needing alternative gloves must submit an Officer's Report via the chain of command with a health care provider's written order or via Employee Health recommendation, indicating allergy and type of gloves needed.
j. The DAJD employee health nurse may be consulted to clarify the health care provider's order and a copy of the order will be provided to the employee health nurse for the employee's health records.

4. Biohazard Protective Gear:
   a. DAJD shall provide PPE (disposable fluid-resistant coveralls, shoe covers, and face shields) for use when confronting inmates who throw or smear any body fluids.
5. CPR Masks:
   a. CPR masks should be utilized by employees when administering CPR.
   b. CPR masks shall be treated as a single-use, disposable item.
   c. Used masks shall be bagged as biohazard and appropriately disposed of in a biohazard container.

H. Exposure Determination

1. DAJD has determined all employees in the following job classifications are at risk for occupational exposure to bloodborne pathogens:
   a. Uniformed officers and their direct supervisors
   b. Customer Service Specialist III (CSS III)
   c. Food Service staff
   d. Classification Staff
   e. Intake Services Staff
2. Some DAJD employees in these job classifications are at risk for occupational exposure to bloodborne pathogens if they perform job tasks where there is a risk of detainee assault:
   a. Community Corrections Division staff with direct client contact.

I. Staff HBV Vaccinations

1. DAJD shall offer the HBV vaccine free of charge to all employees covered under the L&I DOSH standard.
2. The initial vaccine will be offered in conjunction with the required BBP training and within ten days of initial assignment.
3. Information on HBV vaccination shall be provided addressing its safety, benefits, efficacy, and method of administration.
4. HBV vaccinations will be given in accordance with current United States Public Health Service recommendations.
5. Vaccination is encouraged unless:

a. The employee has previously completed the HBV vaccination series.
b. The vaccination is contraindicated for the employee.

6. Employees who decline vaccination must sign a declination form. If the employee later decides to accept the vaccination and is still covered under the WISHA standard, DAJD shall provide the HBV vaccinations.
7. This service shall be conducted by the DAJD employee health nurse or designee.

J. Training

1. Training shall be provided to employees prior to the initial assignment of job tasks where occupational exposure may take place and annually thereafter.
2. Additional training sessions may be provided when modification of tasks or initiation of new laws affect employees' occupational exposure.
3. The training program shall contain all content required by the L&I DOSH Bloodborne Pathogen standard.
4. Records shall be maintained and released in accordance with federal and state regulations, including Recordkeeping and Reporting, WAC 296-27.
   a. Training records are maintained for each employee upon completion of training. These documents will be kept for at least 3 years by the DAJD Training Unit.
   b. The training record should include the following information about training sessions:
      1) Date
      2) Contents or a summary
      3) Names and qualifications of trainers
      4) Names and job titles of all attendees.
   c. Training records will normally be provided to employees or their authorized representatives within 15 working days of a request. Requests for training records should be addressed to the DAJD Training Unit.

K. Recordkeeping

1. Medical records
   a. Medical records are maintained for each employee who has an occupational exposure to bloodborne pathogens in accordance with WAC 296-62-052, Access to Records.
   b. Employee Health is responsible for maintaining medical records. These confidential records are kept electronically for at least 30 years beyond the length of employment.

DAJD contracts with PHSKC employee health to ensure appropriate employee health care standards and practices are followed.